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ABSTRACT

Interest in the issue of aftercare for juvenile offenders continues to grow. Jurisdictions seek new ways to reintegrate youth being released from confinement back into their communities, while also ensuring for public safety. Juvenile justice policymakers and professionals are experimenting with aftercare and other reintegration models. After long-term, multistage research and development initiatives to design an intensive model, the Intensive Aftercare Program Model (IAP) was created. This publication describes the intensive juvenile aftercare model and compares it with other approaches. It offers an analysis of other programs with the goal of helping to determine what does and does not work in reintegrating juvenile offenders into their communities. The study suggests that some combination of treatment methods, with or without surveillance in the community, is effective in reducing the recidivism of juveniles. (Contains 71 references.) (JDM)

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Shay Bilchik, Administrator
July 1999
JUVENILE JUSTICE BULLETIN

Reintegration, Supervised Release, and Intensive Aftercare

David M. Altschuler, Troy L. Armstrong, and Doris Layton MacKenzie

Over the past decade, interest in the issue of aftercare for juvenile offenders has grown tremendously. Jurisdictions have sought new ways to reintegrate youth being released from confinement into their communities while also ensuring public safety, and juvenile justice policymakers and professionals have begun experimenting with aftercare and other reintegration models. In the late 1980's, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) began supporting a long-term, multistage research and development initiative to design an intensive juvenile aftercare model. The final stages (implementation and testing) of the initiative, an experimental evaluation of the Intensive Aftercare Program Model (IAP) using random assignment conducted by the National Council on Crime and Delinquency (NCCD), are well under way.

In "Reintegrative Confinement and Intensive Aftercare," Dr. David M. Altschuler and Dr. Troy L. Armstrong describe the IAP model, distinguish it from other models and programs that have been implemented and assessed with varying degrees of success, and analyze individual intensive aftercare programs. While other aftercare evaluations have not all been experimental in design, the IAP evaluation uses experimental methodology to gauge the success of the four OJJDP-supported projects currently implementing the IAP model. Following Drs. Altschuler and Armstrong's comparative analysis, Dr. Doris Layton MacKenzie provides a commentary that reviews existing aftercare programs and studies of these programs and reacts to Drs. Altschuler and Armstrong's conclusions. Dr. MacKenzie examines aftercare initiatives, including OJJDP's IAP model, in light of the findings and recommendations of the University of Maryland's report entitled Preventing Crime: What Works, What Doesn't, What's Promising, *which she coauthored. Together, these analyses present a cutting-edge examination of what has worked in reintegrating juvenile offenders, what has not worked, and why.*

From the Administrator

If we are to succeed in our efforts to combat juvenile delinquency and recidivism, it is not sufficient to know what works, or even to implement programs based on that knowledge. We need to ensure that the juvenile justice system conducts comprehensive front-end assessments of court-involved youth, encompasses a system of immediate and intermediate sanctions, and provides both nonsecure and secure community-based programs and facilities.

We must not stop there, however, because the juvenile offenders currently placed in secure confinement will one day return to the community. Hence, aftercare is essential for youth released from residential programs.

This Bulletin describes an intensive juvenile aftercare model developed from a long-term OJJDP research initiative and compares it with other approaches. An analysis of intensive aftercare programs is also offered in light of the publication of the University of Maryland report, *Preventing Crime: What Works, What Doesn't, What's Promising.*

This analysis helps us to understand what works—and what does not—in reintegrating juvenile offenders into their communities. More needs to be determined, but this Bulletin is a first step toward accomplishing that crucial goal.

Shay Bilchik
Administrator

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Reintegrative Confinement and Intensive Aftercare

David M. Altschuler and Troy L. Armstrong

As the trend toward confining greater numbers of juveniles in corrections facilities continues (see table 1), increasing attention is being paid to what happens once they are released back into the community. The "what happens" question frequently is asked in reference to two closely related issues. The first is whether released offenders will commit additional crimes, particularly person offenses, and thereby threaten public safety. In fact, one of several motivations for prolonging incarceration is that confinement is regarded by some as the primary way to prevent offenders from committing additional crimes. Implicit in this view is the belief that incarceration is insufficient to prevent or deter offenders from committing crimes when released. A second, and very closely connected, issue centers on what is being done to ensure that released juvenile offenders will not continue to offend. Because there is so much uncertainty surrounding the community adjustment of juvenile offenders after release, some believe the best policy is to postpone release as long as possible. Prolonged incarceration is problematic, however, for several reasons. First, it is exceedingly expensive; second, many juvenile institutions are already dangerously overcrowded (see table 2) and space is scarce; and third, its increased use has not demonstrated measurable reductions in juvenile arrests following the release of incarcerated offenders.

In short, there is a growing interest and need to learn more about what steps to take to promote law-abiding behavior in the community by juvenile offenders returning from institutions. What can be learned from prior and ongoing research on corrections sanctioning, supportive programming, and the imposition of social control techniques when emphasis is placed during the confinement phase on linkage with aftercare? What type of approach is likely to generate the most positive outcome, and how can it be implemented? Fortunately, considerable research has been conducted on programs that, to varying degrees and in distinctly different ways, pursue a "reintegrative" form of confinement. Much can be gleaned from these programming initiatives and their evaluations that can help not only to shape the design and development of future efforts and initiatives, but also to guide their implementation and operations. Reintegrative confinement is defined as an incarceration experience that includes a major focus on structured transition and a followup period of aftercare characterized by both surveillance and service provision in the community.

Transition and postinstitutional corrections programming and supervision have attracted considerable attention across the country, in part because research findings tend to indicate that gains made by juvenile offenders in corrections facilities quickly evaporate following release.[1] Other research findings suggest that either better outcomes are apparent or the potential for positive impact is increased when a highly structured and enhanced transition from corrections facilities into the community is implemented in accordance with certain specifications.[2] An important implication of these findings is the growing realization that incomplete, flawed, or highly uneven implementation cannot produce better outcomes for participating offenders. Stated simply, when requirements for implementing the basic program design are not met, success is unlikely.

What kind of requirements are involved? In general terms, reintegrative confinement emphasizes:

- Preparing confined offenders for reentry into the specific communities to which they will return.
- Making the necessary arrangements and linkages with agencies and individuals in the community that relate to known risk and protective factors.
- Ensuring the delivery of required services and supervision.

To the extent that these general specifications are not met, there is little reason to expect that reoffending behavior will diminish or that the overall performance of youth returning to the community will

[1] See, for example, Altschuler, 1984; Altschuler and Armstrong, 1991; Baird, Storrs, and Connelly, 1984; Catalano et al., 1988; Coates, Miller, and Ohlin, 1978; Whittaker, 1979.

[2] See, for example, Altschuler, 1998; Deschenes, Greenwood, and Marshall, 1996; Fagan, 1990; Greenwood, Deschenes, and Adams, 1993; Goodstein and Sontheimer, 1997; MacKenzie, 1997; Sealock, Gottfredson, and Gallagher, 1995, 1997; Sontheimer and Goodstein, 1993.

Table 1: The 1-Day Count of Juveniles Held in Public Facilities Rose 47% From 1983 to 1995

Public Facility 1-Day Count	Percentage of Change, 1983–1995
Law violation	48%
Delinquency	52
Person	109
Violent Index	99
Property	-17
Drug	95
Public Order	87
Status Offense	-21
Total	**47**

- The increase was not evenly distributed across all offense categories, however. The number of juveniles held for Violent Crime Index offenses doubled. The broader category of person offenses (that includes such offenses as simple assault and kidnaping and the Violent Crime Index offenses) more than doubled.
- The categories of drug and public order offenses also saw large increases.
- In contrast, there was a drop in the number of juveniles held for property crimes and status offenses.

Source: Sickmund, M. (1997).
Note: Analysis of data from OJJDP's *Children in Custody Census 1982/83 and 1994/95* [machine-readable data files].

improve. Accordingly, reintegrative confinement initiatives must be carefully assessed to determine the extent to which implementation adheres to a prescribed model. In addition, different reintegration initiatives must be examined in terms of the specific required program elements, components of the elements, and procedures. Adherence to a theoretically flawed model is no more likely to produce a positive result than is low-quality implementation of a sound model.

This Bulletin provides an overview of what has been learned from research and practice about designing, developing, and implementing aftercare initiatives that place a high priority on reintegrative confinement, structured transition, and followup in the community. Corrections approaches incorporating reintegrative confinement are not widespread. Few of these efforts have been rigorously evaluated. However, a small number of such initiatives have been well documented and analyzed in considerable detail. There is also related research and program development work on intensive aftercare. Collectively, this knowledge base offers important insight and guidance.

It is critical to note that much of the recent experimentation with innovative juvenile aftercare programming has focused on ways to develop more effective "intensive" approaches. However, the approaches differ in terms of what "intensive" means and what specialized modalities and practices must be incorporated programmatically. These differences emphasize a variety of issues, including anticipated caseload size and frequency of contact, classification and assessment procedures, criteria for targeting youth appropriate for participation in this kind of intervention framework, and the respective roles of surveillance and treatment/service provision activities to maximize long-term, prosocial community adjustment and normalization. Questions include:

- What constitutes a measurable threshold of intensity in terms of supervision and services?
- What range of offender profiles (with regard to delinquent histories and/or special problems/needs) defines the parameters for referral to these programs?
- What technology can be brought to bear to better identify and match clients to effective intervention?

Table 2: On February 15, 1995, 69% of Public Facility Residents Were Held in Facilities Operating Above Their Design Capacity

	All Public Facilities		Residents	
Design Capacity	Total	Percentage Operating Above Design Capacity	Total	Percentage Held in Facilities Operating Above Design Capacity
All public facilities	1,080	40%	69, 929	69%
Fewer than 31 residents	595	21	8,543	29
31-110 residents	324	58	18,506	59
111-200 residents	90	63	13,141	66
201-350 residents	39	82	10,075	82
More than 350 residents	32	88	19,664	91

- 40% of public facilities housed more residents than they were constructed to hold—a greater proportion than in 1991 (36%).
- The larger a facility's design capacity, the more likely it was to be operating over capacity.
- Small facilities (designed for fewer than 31 residents) accounted for the largest number of over-capacity facilities.

Source: Sickmund, M., Snyder, H.N., and Poe-Yamagata, E. (1997).

The programs and developmental work discussed in this Bulletin represent attempts to answer such questions.

In the following pages, the small body of research and developmental work on intensive aftercare is briefly reviewed, highlighting both the lessons learned and the pitfalls experienced. First, however, it is useful to explore the underlying rationale, both theoretical and empirical, that has led selected jurisdictions across the country to focus on intensive juvenile aftercare. This discussion is followed by a description and brief analysis of the individual intensive aftercare initiatives.

The IAP Model

One model or conceptual yardstick against which transition and aftercare programs can be measured is the IAP model, developed with OJJDP funding by Drs. Altschuler and Armstrong (1994a, 1994b). Its usefulness as a guide for examining program design and implementation rests in its identification of specific program elements, components of the elements, and services that address what are commonly regarded as essential aspects of reintegrative corrections programming (see figure 1). One of IAP's components, the requirement that both surveillance and treatment services be provided, has been found relevant to success in both intensive supervision programs (ISP's) for probationers (Petersilia and Turner, 1993; Byrne and Pattavina, 1992) and boot camps (MacKenzie and Souryal, 1994). Many researchers believe that the success is related to active, direct intervention in the home community and social network within which the offending originated. This is also where various problems and needs related to family, school, employment, peer group, and drugs surface. However, when the response is predominantly, or exclusively, a matter of offender surveillance and social control (e.g., drug and alcohol testing, electronic monitoring, frequent curfew checks, strict revocation policies) and the treatment and service-related components are lacking or inadequate, the indication is that neither a reduction in recidivism nor an improvement in social, cognitive, and behavioral functioning is likely to occur.

Attention is thereby drawn to the extent and nature of both the surveillance and service components as reflected in the implementation and day-to-day operation of the aftercare program. Regarding services in particular, the question is whether institution-based treatment focusing specifically on "criminogenic" (i.e., predictive of future criminal activities) needs (see Andrews and Bonta, 1994) is compatible and consistent with treatment in the community. Specialized treatment

in the institution is likely of little long-lasting value if it is not relevant to pressing concerns in the daily lives of offenders in the community and not carefully and consistently reinforced in this setting. The lack of such services in either the institution or the community is equally detrimental, because the former offers the potential for establishing a powerful foundation on which to build and the latter offers the potential for transferring newly learned skills and competencies to the very community in which the offender will reside (see, for example, Altschuler, 1984; Altschuler and Armstrong, 1995b; Whittaker, 1979).

Strategies to develop a service structure that spans institution and community involve several major challenges. Allocating sufficient numbers of qualified staff and funds to support service provision at the level required in both the institution and community is critically important and challenging. Cost sharing, leveraging funds, in-kind contributions, contracting, public-private partnerships, and reallocating portions of existing budgets are some of the approaches that are being used. Developing the organizational capacity and wherewithal to facilitate the consistency and compatibility of service delivery between the institution and community is another critical challenge. Strategies designed to foster such compatibility include bringing into the institution specialized service providers and agency staff based in the community, providing joint staff training, establishing interagency case management teams, adopting and tailoring for institutional use those practices and approaches that closely resemble promising treatment and service modalities found in the community programs, and conversely, applying promising techniques initially developed for institutional use (such as anger management or aggression replacement) to community-based programs. In short, the intent is to have community-based aftercare services parallel those that are first initiated in the institution and institutional services geared to achieve essentially the same purposes as those that will be achieved in the community. The key service areas around which both the institution and community-based providers need to organize their respective efforts in tandem are family, peers, schooling, work, and drug involvement (i.e., drug use and drug selling). Program developments in these areas need to be encouraged by funding support, reflected in organizational policies and procedures, and promoted through carefully designated staff roles and responsibilities, training, and career advancement.

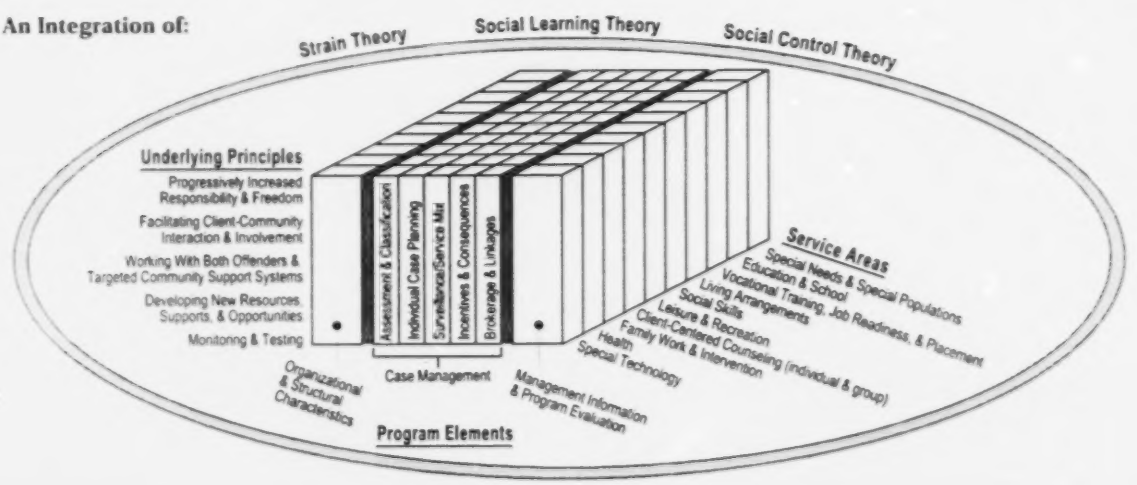
Regarding supervision and control in the community, a critical question relates to how various practices can work in concert with the required services. Drug and alcohol testing, attendance and curfew checks, electronic monitoring, and tracking are all valuable supervision practices that can be used to encourage participation in required services and adherence to rules and conditions. In fact, close supervision and tracking that increase the probability of detecting noncompliance with, and nonparticipation in, required services may well discourage lack of cooperation, especially when coupled with graduated responses. The key is having a strategy to heighten surveillance in a way that promotes participation in treatment. Such a strategy is essential because research suggests that recidivism declines only when offenders are simultaneously receiving both supervision and treatment-related services.[3] Again, adequate resources and organizational ability are clearly necessary to promote the implementation of programs that truly incorporate sufficient levels of supervision and services.

Research findings repeatedly have shown that providing high levels of supervision to lower risk offenders results in poorer performance, not better.[4] One reason frequently cited to explain this pattern is that intensive supervision tends to be accompanied by an increase in detected technical violations that, by definition in many studies, is one measure

[3] See, for example, Byrne and Pattavina, 1992; Gendreau, 1996; Petersilia and Turner, 1993.

[4] See, for example, Andrews, 1987; Baird, 1983; Erwin and Bennett, 1987; Markley and Eisenberg, 1986.

Figure 1: Intervention Model for Juvenile Intensive Aftercare



of program failure. Moreover, when increases in technical violations become the basis for more revocations and reincarcerations, intensive supervision actually becomes a contributor to institutional crowding. Another problem is related to the lack of evidence indicating that technical violations, per se, are predictive of future criminality (see, for example, Petersilia and Turner, 1991; Turner and Petersilia, 1992). This raises two fundamental questions. First, what is accomplished from the perspective of crime prevention and control by reincarcerating technical violators? Second, what is accomplished by imposing intensive supervision on offenders who are already at low risk for reoffending? Another reason why lower risk offenders tend to perform poorly when subjected to intensive supervision is the tendency of some individuals, particularly adolescents, to react negatively to the pressures created by highly intrusive supervision. Given the negative reactions, it appears that intrusive supervision techniques are counterproductive to the intended goal of supervision. Insight into the dynamics between level of supervision and offender performance has prompted numerous observers to suggest that the level of community supervision provided be commensurate with the actual level of risk posed by the offender in the community.[5]

Recent Juvenile Aftercare Initiatives

As discussed above, there has been increasing interest in initiatives that can provide:

- Institutional services that subsequently lend themselves to application and reinforcement in the community.
- Highly structured, smooth transitional experiences at the point of community reentry.
- Intensive multimodal and multiphased programming during a period of community-based aftercare.

Unfortunately, few evaluations have examined the design, implementation, and impact of these efforts. However, these evaluations are enormously valuable in identifying strengths and weaknesses of the programs and in pinpointing how future efforts can build on what has been learned. The programs are quite diverse, not only in design, but in the extent to which they have been successfully implemented and in the nature of their impacts. A critical examination of these evaluated programs must focus on at least three dimensions:

- Are there an identifiable program model and a philosophy that specify how the program design and strategy are expected to induce change, and do the model and philosophy make sense?
- Did the program actually implement its model and philosophy in accordance with the requirements?
- What kind of impact did the program have?

The following sections examine five juvenile aftercare initiatives. Each program is briefly described and analyzed, and the basic findings and implications are highlighted in the context of the three key dimensions.

The Philadelphia Intensive Probation Aftercare Program

The Philadelphia Juvenile Probation Department's IAP was developed to test the efficacy of an intensive reintegration approach for adjudicated youth in transition from State juvenile corrections facilities back into the community. The experiment was prompted by the realization that the most serious, violent, and habitual segment of the State's delinquent population was being inadequately served. The inadequacy was due, in part, to the extremely large caseloads of the supervising probation officers, the resulting low level of contact with offenders in both the institution and the community, and a lack of specialized resources and services in the community. Using an experimental design, Sontheimer and Goodstein (1993) evaluated the program. Eligible incarcerated juveniles had to have at least one prior adjudication for aggravated assault, rape, "involuntary deviate sexual intercourse," arson, robbery, or a felony-level narcotics offense or at least two prior adjudications for burglary. These juveniles were randomly assigned to the program or a control group that received the customary aftercare supervision. The participating juveniles were predominantly African-American (81 percent). Their average age at placement was 17.2 years, and they had an average of five prior arrests—more than 90 percent had at least one prior arrest for a felony-level offense—and had spent an average of 10.8 months in confinement.

Additional aftercare probation officers were hired to work exclusively with IAP offenders. Each officer was given a caseload of no more than 12 youth in the community and also was responsible for making regular contact with incarcerated IAP offenders assigned to their caseload. IAP officers were expected to meet monthly with the confined offenders, institutional staff, and the parents or guardian in the home and to prepare a postrelease plan. After offenders were released, officers were given operational guidelines on:

- Minimum number of contacts with the juvenile per week, which was to decline gradually with satisfactory performance by the juvenile.
- Minimum number of contacts with parents and collaterals (e.g., school, work).
- Contacts during nonbusiness hours including evenings and weekends.

Despite these requirements, implementation fell considerably short in several key areas (Sontheimer and Goodstein, 1993; Goodstein and Sontheimer, 1997). These shortcomings are not surprising, because program planners did not address some fundamental issues related to program design and philosophy. In fact, aftercare staff reportedly received few guidelines about the philosophy or mission of the program (Sontheimer and Goodstein, 1993, p. 204):

> The program was not defined, for example, as emphasizing a social control or rehabilitative perspective. No effort was made to articulate whether the emphasis of the program would be on enhancing family ties and prosocial relationships, on facilitating educational or vocational growth, on increasing probationers' perceptions of accountability through surveillance, or on some other combination of principles assumed to reduce criminality.

Supervising officers were simply given the contact requirements and then followed a relatively traditional casework

[5] See, for example, Andrews, 1987; Baird, 1983; Erwin and Bennett, 1987; Markley and Eisenberg, 1986.

approach to supervision. These officers also maintained a reactive, nonindividualized approach to noncompliance. As a result, the quality of probation service delivery remained unchanged for some time and contact between officers and juveniles was problematic during nontraditional hours (Goodstein and Sontheimer, 1997). Another operational component not incorporated into the program design and, therefore, absent in program implementation for a substantial period of time was a graduated response capability in the form of incentives and consequences. In terms of staffing and leadership, following an enthusiastic startup period, the six-person intensive aftercare team experienced complete turnover. Consequently, many of the participating line staff had no supervising officers for extended periods. This severe turnover problem—and the difficulties that both preceded and followed it—most likely created enormous programmatic turmoil and confusion. Indeed, it is hard to imagine how the program could not have faltered somewhat under such circumstances. Over the full course of implementation, however, the program found its footing and evolved into a model that began to incorporate many of the social control and service delivery elements necessary for an effective reintegrative model of incarceration, transition, and aftercare (Goodstein and Sontheimer, 1997).

The outcome evaluation of the Philadelphia IAP employed a classic experimental design with random assignment of cases. The evaluation was based on the performance of 44 experimental and 46 control cases. The juvenile offenders in this sample were released from a single youth corrections facility between December 1988 and January 1990 and were tracked until May 1990. Thus, the followup period that was defined as time following completion of aftercare ranged from 3 to 17 months, averaging 11 months. The study found that the intensive aftercare group exhibited a significantly lower average number of rearrests than the control group (1.65 versus 2.79) and a significantly lower number of felony arrests (0.41 versus 0.76), but the percentage of subjects rearrested was the same (Sontheimer and Goodstein, 1993). In short, the findings indicate that when routine aftercare is compared with the reintegrative intensive aftercare implemented in Philadelphia, the latter prevented participating juvenile offenders from incurring multiple arrests and did no worse than the former in the percentage of offenders who were rearrested.

Juvenile Aftercare in a Maryland Drug Treatment Program

The Maryland Department of Juvenile Justice received a grant from the Center for Substance Abuse Treatment (CSAT) to develop an aftercare program that would complement short-term residential treatment for chemically addicted or drug-abusing juvenile offenders. Sealock, Gottfredson, and Gallagher (1997, 1995) evaluated this program, which included only youth who resided in Baltimore City. Drug-abusing youth from a number of other Maryland counties were also committed to residential treatment facilities by judges, but no aftercare was provided. The residential treatment was to include Alcoholics Anonymous group sessions and offer academic courses, recreational opportunities, vocational education, work assignments, and social activities. Aftercare for Baltimore City juvenile offenders was to consist of three phases. During prerelease, the services of a family therapist were to include assessment, development of a treatment plan, and family work. During the intensive phase (the first 2 months in the community), staff were to have daily contact with the participants and hold youth support group meetings and family support sessions. Additionally, an addiction counselor was to provide individual counseling and in-home family therapy. The final transitional aftercare phase was to include at least two meetings per week with the case manager, two meetings per month with the addiction counselor, and the continuation of family support groups. On an as-needed basis, other community-based services and family therapy were to be provided.

The evaluation examined both the residential and aftercare experience. Youth in aftercare treatment, all of whom were from Baltimore City, varied substantially in several characteristics from those who received residential treatment and no aftercare, all of whom were from outside Baltimore. The group from Baltimore City had a higher percentage of nonwhites, exhibited a greater number of prior offenses, were younger at first referral to the justice system, and had offense histories that reflected greater involvement with drugs and more property offenses than comparison youth. The residential treatment services provided were found to be highly uneven in scope and quality. Although assessments for drug problems and drug education took place, much less happened in relation to encouraging family participation, providing family therapy, conducting psychological assessments, and holding individual counseling sessions. In fact, the evaluators found that most of the residential program's intermediate goals (e.g., increasing coping skills, internal control, family communication) were not realized. Further, it was noted that a 2-month residential treatment program might not have been sufficient for a youthful, drug-involved population (Sealock, Gottfredson, and Gallagher, 1997). Finally, although some positive effects were observed during residential treatment, the evaluators found that this component required additional strengthening (Sealock, Gottfredson, and Gallagher, 1995).

Curiously, the evaluators also found that youth who received aftercare treatment spent less time in the residential drug treatment program (by 12 days) than youth in the comparison group, who also experienced some additional residential placements (Sealock, Gottfredson, and Gallagher, 1997). According to the researchers, this finding suggests that the aftercare services actually may have replaced more expensive, and possibly more effective, residential treatment services. The problem related to family participation is again noted in relation to aftercare, but at this point, of course, the youth were back in the home directly interacting with family. Additionally, although the average number of weeks spent in the intensive phase of aftercare was 33, not the 8 weeks planned, the average juvenile had only 29 contacts with staff, less than one per week, nowhere close to the daily contact envisioned by the model. Finally, attrition became a significant problem. Of the 162 juveniles who began the aftercare prerelease phase, only 54 entered the transitional phase, and of those, only 36 entirely completed the aftercare phases. In short, few of the aftercare clients received much aftercare, and for those who did, the quality and nature of the services provided were highly suspect.

The evaluation found that aftercare services of the quality and intensity delivered in the Maryland program were not beneficial (Sealock, Gottfredson, and Gallagher, 1997). Specifically, aftercare clients had no fewer alleged or adjudicated offenses

overall than youth in the comparison group, meaning that there was no difference in the level of reoffending in general. Aftercare clients were, however, adjudicated delinquent for more drug offenses than those in the comparison group, and there was no evidence indicating a program effect related to increasing family supervision or communication, reducing family violence, decreasing health problems, or increasing problem-solving skills. On the positive side, aftercare clients committed significantly fewer new crimes against persons than their counterparts in the comparison group.

The Skillman Intensive Aftercare Project

Two experimental intensive aftercare programs for chronic delinquents in Detroit and Pittsburgh were evaluated by Greenwood, Deschenes, and Adams (1993). Over 2 years, approximately 100 juveniles completing residential placements in each city were randomly assigned to either intensive aftercare or regular supervision. The programs were developed and operated by two separate private providers committed to the Skillman program model that emphasized five components:

- Prerelease contacts and planning involving the assigned aftercare caseworker, the youth, and the family, beginning at 3 months before release.
- Intensive supervision contacts in the community, starting at several per day and gradually diminishing.
- Assistance in family stabilization.
- Mobilization of supportive community resources, particularly in relation to education and jobs.
- Enlistment of role-modeling, motivated caseworkers.

In terms of actual implementation, the two programs differed in the timing of the youth's release from placement, the intensity of implementation, and the sanctions that could be imposed. The profiles of participating offenders also varied. In the Detroit program, juvenile offenders were confined in one of the State of Michigan's training schools for an average of 17.1 months. Early release played no role in the effort. The average age at first arrest was 14.4, and the participants averaged 2.5 prior arrests. More than half of the Detroit participants were known to be drug dealers, nearly half had drug use problems, and the current offense of slightly more than half was a crime against persons. In Pittsburgh, a privately run wilderness program with an average length of stay of 10.2 months was used for this experiment. The average age at first arrest was 14, and the participants averaged 4.6 prior arrests and 3.7 adjudications. Their current offenses were mostly property crimes. The study found no difference between experimental and control groups in the proportion of youth arrested, self-reporting of offenses, or drug use during a 12-month followup period.

Equally important, youth in the experimental programs did not participate any more frequently in educational or work activities than did control group youth. Also, most of the families viewed delinquency as the youth's personal problem and were not interested in making major changes in their own behavior or activities. Further, in neither of the two sites did the aftercare program have a significant effect on the youth's associations with delinquent peers. In the Detroit program, which was characterized by longer lengths of stay and no possibility of early release, no savings were apparent in residential placement costs. Consequently, the aftercare program simply produced an overall increase in cost per placement. In Pittsburgh, where reduced time in residential placement was an explicit part of the program, total placement costs were slightly reduced.

Given the absence of any impact on the participation of the experimental group in school and work, family involvement, and delinquent peer associations, there is little reason to expect lowered recidivism. Greenwood and colleagues (1993) took the position that a number of factors explain the results, including:

- Aftercare workers provided only general support and assistance, rather than targeting specific problems that were contributing to risk.
- Aftercare workers did not devote sufficient attention to programming that addressed risk factors related to delinquent behavior, for example, substance abuse treatment and anger management.
- Deployment of a surveillance/casework approach was inappropriate, particularly given the kind of problems and high level of temptations encountered by these youth after they returned to their home communities.
- More formal methods of assessing ongoing needs and progress were needed, including drug testing, reports by third parties, or tests of specific skills.

The Michigan Nokomis Challenge Program

The Nokomis Challenge Program was started in 1989 by the Michigan Department of Social Services (DSS) as an alternative placement to traditional custodial settings for medium- and low-risk juveniles. Instead of placement in a long-term residential facility, the program offered 3 months in a remote, 40-bed wilderness challenge facility, followed by 9 months of aftercare surveillance and treatment. The model called for a three-stage wilderness challenge experience that included orientation and assessment, challenge, and community survival. The model emphasized cognitive/behavior training, social and survival skills, and family work. During the residential stage, the youth and their families were to be seen every 2 weeks at the facility by a community treatment worker (CTW), who was also expected to meet with the family once a week in the community. CTW's were provided under contract by seven different private agencies located across the State.

The aftercare component included a number of distinct phases, each with separate tasks and goals for the youth and family. Reentry into the community was marked by virtual house arrest for 30 days. During the initial 3 months, the minimum level of contact required of the CTW was three contacts per week with the youth, including one with the family. The program placed great emphasis on family participation in the treatment process, with the CTW acting

as the primary family worker. The private agencies also provided community contact workers (CCW's) to conduct surveillance, initially at least three times per day with the youth and once per day with the family.

Using a quasi-experimental design, Deschenes, Greenwood, and Marshall (1996) evaluated this programming effort. Participation in the Nokomis Challenge Program was limited to adjudicated youth who were 14 years of age or older. The majority (64 percent) of the juveniles targeted for Nokomis were African-American youth who were approximately 14 years old at the time of their first arrest, with an average of three prior arrests plus two prior adjudications. Their average age at the time of placement in the program was 16.5 years. Roughly 29 percent of the offenses committed by the youth entering Nokomis were crimes against persons. Thirty-seven percent were property crimes, 16.5 percent were drug-related offenses, and 17.5 percent were other types of crime. Approximately 20 percent of youth participating in the experiment were known gang members; 42 percent were drug dealers; and 55 percent were drug users.

The outcome evaluation was based on an analysis of 97 youth in the Nokomis Program and a comparison group of 95 youth in a traditional residential program. The evaluation focused on basic social adjustment and familial functioning and also on criminality and drug use. Although both the Nokomis and comparison group participants showed some positive changes in coping mechanisms during the residential period, both groups had experienced setbacks by the 24-month followup. In the area of family functioning, the evaluation revealed a general decline in both groups at 24 months. Arrest records indicated no difference between the groups at 24 months in the overall proportion with a new felony arrest; however, the Nokomis youth self-reported less involvement in drug sales than did those in the comparison group. Overall, the self-reported frequency of substance use declined slightly from intake to 24-month followup, but there was no difference between the two groups.

What might explain the overall similarity in impact? One possibility is suggested by the finding that Nokomis participants only received formal substance abuse treatment during the residential phase and that, compared with traditional residential programs, the alternative program apparently offered less family counseling. Even so, the families of youth in the experimental program were no worse off than the families of youth in traditional residential care.

Nokomis also encountered a substantial problem in successfully retaining participants during the first 12 months (including residential and community phases). A staggering 60 percent of youth in Nokomis were either transferred to or placed in another custodial program during the first year, and an additional 10 percent were rearrested during the second 12 months of the 24-month study period. In contrast, only 16 percent of the participants in the traditional residential program (where length of stay averaged 15.5 months) did not successfully complete the program; 14 percent were rearrested during the remaining months in the 24-month study period. Deschenes, Greenwood, and Marshall (1996) conclude that the main weakness in Nokomis was related to the community phase, which is the ultimate test of any sanction or disposition. During that phase, youth in the traditional residential program were rearrested at about the same rate. It should also be noted that the initial 3 months of residential placement in Nokomis could well be regarded as relatively short-term, particularly since that was the only time spent by offenders in drug treatment. Deschenes, Greenwood, and Marshall (1996) conclude that, regardless of the intervention, youth who were released back into the same environment faced the same difficulties in readjusting to the community setting without relapse. The researchers recommend strengthening the community phase, particularly with reference to treating substance abuse, improving family functioning, and targeting younger juveniles.

OJJDP's Intensive Aftercare Program

Since 1987, OJJDP has been funding research and development activities in the area of intensive juvenile aftercare. A decade ago, growing concerns about crowding in juvenile corrections facilities, high rates of recidivism, and escalating costs of confinement prompted OJJDP to examine the juvenile aftercare philosophy and practice and to explore options for reform. As originally formulated, the program had four stages:

- Assessing programs currently in operation or under development and reviewing the relevant research and theoretical literature.
- Developing a program prototype (model) and related policies and procedures.
- Transferring the prototype design to a training and technical assistance package.
- Implementing and testing the prototype in selected jurisdictions.

Initiated as a research and development project conducted by the Johns Hopkins University Institute for Policy Studies in collaboration with the Division of Criminal Justice at California State University at Sacramento, the IAP project culminated in a four-State national demonstration designed to test a model of intensive aftercare developed by this Bulletin's authors. The four pilot programs are as follows:

- **Colorado.** The IAP project in Colorado is operated by the State Division of Youth Corrections (DYC), Department of Institutions and serves parts of Arapahoe, Denver (including greater metropolitan Denver), and Jefferson Counties. The site benefits from its proximity to the juvenile offenders' home communities. Only 18 miles from downtown Denver, Lookout Mountain Youth Services Center (LMYSC) is a secure facility whose residents include the most serious and violent delinquent youth in the DYC system. LMYSC houses IAP participants in a single cottage.
- **Nevada.** The Division of Nevada Youth Corrections Services' Parole Bureau operates the State's IAP project. Clark County, which has the greatest concentration of serious juvenile offenders committed to State confinement, was selected as the pilot site. The 150 miles between the offenders' home community of Las Vegas and the Caliente Youth Center, the participating youth corrections facility, presented a significant challenge to implementing the IAP model.
- **New Jersey.** New Jersey's IAP project focuses on high-risk youth from Camden and Essex (Newark) Counties. These youth are incarcerated in a single cottage at the New Jersey Training School for Boys (NJTSB) in Jamesburg. From NJTSB, IAP participants are moved into affiliated residential centers in the two counties that provide a stepdown transition for community reintegration.
- **Virginia.** The Intensive Parole Program (IPP), Virginia's IAP project, is designed for chronic offenders who have been committed to the Beaumont Juvenile Correctional Center by the Norfolk

Juvenile and Domestic Relations Court. A Norfolk Youth Network Community Assessment Team (CAT) handles all IPP cases. CAT works with parole officers, offenders, and offenders' families to identify treatment, service needs, and agencies that can address problems.

For a more detailed description and discussion of these sites, see Altschuler and Armstrong (1995b, 1996, 1997). Details of program eligibility and selection are found in table 3.

These demonstration projects followed 7 years of research, development, and training activity and are presently in the midst of their third year of operation, with the exception of the New Jersey site, which has been discontinued due to implementation difficulties related to restructuring and system reform.

The IAP model currently being tested is theory-driven, risk and needs assessment based, and empirically grounded (Altschuler and Armstrong, 1995a, 1994a, 1994b, 1994c, 1991). The model emphasizes the identification, preparation, transition, and reentry of "high-risk" juvenile offenders from secure confinement back into the community in a gradual, highly structured, and closely monitored fashion. Consequently, it can be viewed as a form of reintegrative confinement. A multifaceted and integrated approach to community reentry, the IAP model requires an overarching case management process

Table 3: IAP Eligibility and Selection

	IAP Site		
Eligibility Criteria	**Colorado**	**Nevada**	**Virginia**
Legal status	Committed	Committed	Committed
County of residence	Denver, Arapahoe, Jefferson	Clark (Las Vegas)	City of Norfolk
Facility placement	Lookout Mountain	Caliente	Beaumont Hanover (since 3/97)
Risk of reoffending	High risk	High risk	High risk
Gender	Males	Males	Males
Age	12–18	12–18	13–18 (16–18 prior to 3/97)
Excluded offenses	None	Sex offenders	Murder, rape, arson (with determinant commitment to age 21)
Excluded conditions	Severe mental health problems; developmental disabilities.	Severe mental health or medical problems.	Pending charges or sentence in adult court; potential rescinded commitment; severe mental health or substance abuse problems; prior IAP.
Location and timing of selection	At separate diagnostic facility; after completion of 30-day assessment and classification process and facility placement decision.	While in local detention; prior to assessment and classification process. (IAP selection determines facility placement.)	At separate diagnostic facility; after 60-day assessment/classification process and facility placement decision.
Number of youth, randomized to 11/30/98			
IAP	82	104	76
Control	68	108	45
Total	**150**	**212**	**121**

Source: Weibush, McNulty, and Le, 1998.

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that guarantees substantial control over released juvenile offenders and enhanced service delivery focusing on recognized risk and protective factors. To reduce the level of recidivism and relapse, the IAP model also requires that working collaborations be forged across diverse professional and agency boundaries.

A number of previous research and program development efforts have developed frameworks for intervening with serious and chronic juvenile offenders (Elliott and Voss, 1974; Elliott, Huizinga, and Ageton, 1985; Weis and Hawkins, 1981; Fagan and Jones, 1984), but these projects have generally not directed much attention to the special structural and systemic problems that must be confronted in devising strategies that will enable high-risk offenders to make a successful transition back into the community. Distinctive to the IAP model is the focus on the numerous issues and concerns arising from the mostly disconnected and fragmented movement of offenders from court disposition to juvenile authority and/or institution, to aftercare supervision and discharge. Consistent with this approach, a number of principles for programmatic action have been identified and incorporated as a foundation for the IAP model:

- Preparing juveniles for progressively increased responsibility and freedom in the community.
- Facilitating interaction and involvement between juveniles and the community.
- Working with offenders and targeted community support systems (families, peers, schools, employers) on those qualities needed for constructive interactions that advance the juveniles' reintegration into the community.
- Developing new resources and support services as needed.
- Monitoring and testing the capacity of juvenile offenders to receive—and the community to provide—services and support.

The demonstration programs have been given flexibility to structure and apply the IAP model within local contexts, as long as the program meets certain specifications. Many of these requirements revolve around the IAP design for overarching case management. It is this dimension of the model that defines how clients are identified for particular levels and types of supervision, how clients can be tracked through the system without falling through the cracks, and how specific techniques can aid in the provision of supportive activities and sanctioning measures necessary for client supervision in the community. The requisite components of case management are:

- Risk assessment and classification for establishing eligibility.
- Individual case planning that incorporates a family and community perspective.
- A mix of intensive surveillance and enhanced service delivery.
- A balance of incentives and graduated consequences coupled with the imposition of realistic, enforceable conditions.
- Service brokerage with community resources and linkage with social networks.

To date, the demonstration sites have been engaged in selectively fine-tuning and elaborating certain components and features in their particular program applications. The major challenge has been the need to adapt the generic IAP model to the specific problems, needs, and circumstances of the individual jurisdictions. As a group, all have identified and acted on the following programming strategies vital to following the basic framework of the model:

- Defining the overall aftercare function in a fashion that guarantees the inclusion of staff and program components across the entire continuum, from the point of judicial commitment and residential placement to the termination of community supervision (see table 4).
- Designing the network of community-based services in a way that responds comprehensively to the problems and needs of serious and chronic juvenile offenders.
- Devising a framework for case management that ensures continuity of supervision and service delivery, matches clients with appropriate interventions, and brings the most objective procedures to inform decisionmaking in the areas of risk and need.
- Focusing on collaborative, interagency approaches to supervision and service provision.

The IAP initiative has been funded to include an independent evaluation that incorporates random assignment using an experimental design. The evaluation, which is being conducted by the National Council on Crime and Delinquency (NCCD), includes both process and outcome dimensions. Because IAP participants have only recently begun to be discharged from aftercare, outcome results involving substantial numbers of participating youth are not yet available.

Comparative Analysis of the Five Aftercare Projects

Heavily focused on design and implementation issues, the initial IAP research and development project sponsored by OJJDP was planned to build on the existing knowledge base in the field about intensive aftercare. From this starting point, the OJJDP project was to propose a testable model that would include clear guidelines covering program principles, components, and features that appear most promising for reducing rates of recidivism among targeted youth making the transition from institutional confinement back into the community. The factfinding, model development, and implementation work that has been part of the IAP initiative has as its goal identifying and incorporating precisely those factors vital to success. From its inception, the IAP project was conducted with the idea of building on the existing knowledge base in the youth corrections field about juvenile aftercare. Of course, the final word on the effectiveness and suitability of the IAP model awaits the results of the experimental design, multisite outcome evaluation.

The five projects presented in this Bulletin are being widely discussed in the field. This review has highlighted their basic design, the status of their implementation, and, if known, the outcomes. Table 5 takes the IAP model and uses it to capture critical design and implementation features of these five projects.[6] The table enumerates the essential components and procedures that characterize IAP operations. They are organized within the phases of the aftercare continuum (i.e., institution, transition, community). In each phase are listed the specific characteristics being used as criteria for comparison across projects. In addition, there are separate headings regarding implementation and evaluation issues. The four projects are listed side-by-side on the top of the table. IAP is used as the baseline (represented by the enumeration of

[6] For a detailed description of the IAP model, see Altschuler and Armstrong, 1994b.

characteristics) against which comparisons are being made.

In light of the discussion of the IAP model, the five aftercare programs discussed here, and the information in table 5, a number of key issues and challenges for program policy, design, implementation, and evaluation become evident.

The implementation of juvenile aftercare programming is still in its infancy. There have been notable omissions in both program design and operation, yet there have also been some positive results. Although the overall picture is mixed, the evaluations and the IAP research and development work clearly point to reforms and changes that are needed. Recommended reforms and changes are highlighted below.

First, community-based aftercare is one part of a reintegrative corrections continuum that must be preceded by parallel services in the corrections facility and must include careful preparation for the aftercare to follow. Institutional services need to be geared to the services, opportunities, and challenges that exist in the community to which the juvenile will return. The institution or residential corrections facility cannot operate in isolation from aftercare and the community. Institutional services that are inadequate, inconsistent, incompatible, or disconnected in relation to what will be encountered in the aftercare community are likely of little long-term value. Additionally, high-quality institutional services are likely of little value if they are not carefully reinforced and followed up in the aftercare community. Accordingly, aftercare is only one phase of the corrections process. The development, implementation, and evaluation of aftercare require equal attention to what occurs during the institutional and transitional stages of corrections jurisdiction. The challenge is that institutional corrections is often highly resistant to change and opposed to interference from the "outside." Institutional programming has become reintegrative in numerous instances, but it typically requires strong leadership from the top and a commitment to developing a working partnership between the institution, community corrections, and the judiciary.

Second, aftercare is frequently funded and staffed at levels far below what is required to provide truly intensive supervision and enhanced service delivery. The community aftercare

(continued on page 15)

Table 4: IAP Management and Staffing*

Component	IAP Site		
	Colorado	**Nevada**	**Virginia**
Administrative agency	Colorado Division of Youth Corrections	Nevada Youth Parole Bureau	Virginia Department of Juvenile Justice
Program coordinator	DYC Community Services Coordinator (central office)	Clark County Parole Unit Manager (local office)	Parole Services Manager (central office)
Primary IAP staff			
Institution	3 IAP Client Managers	IAP Institutional/ Community Liaison†	• 2 IAP Case Managers†
Community		• 2 IAP Case Managers • 2 Field Agents • Parole Unit Manager • Education Liaison	• 3 IAP Parole Officers • Parole Aide†
Other key staff	• Cedar Cottage Treatment Team Coordinator • 4 Group Leaders • 1-3 MSW Interns • IAP Researcher†	• "B" Cottage Manager • IAP Data Coordinator	• Reception/Diagnostic Facility IAP Case Manager • Data Coordinator
IAP staff/client ratio‡			
Institution	Client Managers: 1/18 (18 = in + out)	Liaison: 1/22 (in)	Case Manager: 1/15 (in)
Community		Parole Officer + Agent: 2/20 (out)	Parole Officer 1/15 (in + out)

Source: Weibush, McNulty, and Le, 1998.
Note: "in" = in the institution; "out" = in the community.
* Data current as of 5/31/98.
† The position is funded by OJJDP through the IAP grant.
‡ Staff/client ratios shown are based on program design.

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Table 5: Juvenile Aftercare Matrix

Program/Study Characteristics (IAP Model)	Philadelphia Intensive Probation Aftercare	Maryland Aftercare Program	Skillman Intensive Aftercare Project	Michigan Nokomis Challenge Program
PROGRAM DESIGN				
Institutional Phase				
Prerelease planning	Community sources offer input via probation officers. Preparation of postrelease plan.	Family therapist assesses, diagnoses, develops family contract, and begins weekly family group sessions. (Highly uneven implementation.)	Aftercare caseworker commences contacts with youth and family 3 months prior to release.	Planning for community reentry is initiated 30 days after placement in residential phase.
Involvement of outside agencies and individuals in institution	Probation officers meet with institutional staff and juveniles.	Family visits facility at least once; therapist involves youth in family assessment session. (Less than half of youth involved in family assessment session.)	Not indicated.	Parents meet with confined children, institutional staff, and a community worker once every 2 weeks.
Targeted community activities during confinement period	Probation officers meet with parents on regular basis in the community.	Family attends weekly group sessions with therapist and support groups. (Low family involvement.)	Not indicated.	Community workers see parents once per week at their home.
Transitional Phase				
Testing and probing of reentry prior to placement in community	Not indicated.	Not indicated.	Not indicated.	Not indicated.
Structured stepdown process using residential placement or intensive day treatment	First 6 weeks with very high level of probation officer/ client contact. No use of intensive day treatment or short-term residential treatment.	Initial period of intense contact, followed by lesser contact with case manager, addiction counselor, and family therapist. No use of intensive day treatment.	First few weeks after release from facility with carefully prescribed program. Average number of monthly contacts was 10 over 6 months in Detroit; 60 over 6 months in Pittsburgh. Contacts tapered off after the first 2 months. Pittsburgh uses a transition group home.	Initial month of virtual house arrest. Level of community worker/client contact also high during first 3 months. No use of intensive day treatment or short-term residential treatment.

Table 5: Juvenile Aftercare Matrix (continued)

Program/Study Characteristics (IAP Model)	Philadelphia Intensive Probation Aftercare	Maryland Aftercare Program	Skillman Intensive Aftercare Project	Michigan Nokomis Challenge Program
		Community Followup		
Provision of multimodal treatment services	Few prescribed activities but some emphasis on education and vocational activities.	Wide spectrum of services offered with links made to community resources.	Efforts to improve family functioning through counseling and to link clients with education program. Jobs fell far short of expectations.	A variety of required programming activities. Some major questions about quality of delivery.
Discrete case management services	Required procedures neither highly developed nor clearly articulated.	Three articulated levels of intervention: prerelease, initial intensive aftercare, and transitional aftercare.	Not highly developed.	Not emphasized.
Use of graduated sanctions and positive incentives	Not indicated.	Not indicated.	Not indicated for incentives. Pittsburgh sanctions permitted return to group or wilderness program.	Not indicated.
Provision of supervision and surveillance beyond ordinary working hours	Thirty percent of contacts by probation officers required to occur outside normal office hours.	Not indicated.	Not indicated.	Supplemental surveillance activities provided by specialized community workers.
Reduced caseload size/increased frequency of client contact	Aftercare caseload of 12 youth under community supervision versus standard 70–120. Far higher level of contact than usual.	Caseload size unknown. Clients had 3.2 average monthly contacts during aftercare or 32.4 contacts over approximately 10 months.	Caseload size of 6. Experimental group received far more contacts than control group.	Aftercare caseload of 10 youth. Higher level of contact for supervision, treatment, and surveillance.
Multistage decompression process	Procedures for gradual, phased reduction in level of imposed control during 6 months of aftercare supervision.	Intensive stage of aftercare was 33 weeks long, not 8 weeks as planned; youth had less than 1 contact per week on average. During transitional phase of aftercare, clients met with case managers less than once every 3 weeks on average.	Contacts tapered off over time in aftercare.	Framework and procedures for a diminishing level of supervision and control during aftercare.

Table continues on next page.

Table 5: **Juvenile Aftercare Matrix** (continued)

Program/Study Characteristics (IAP Model)	Philadelphia Intensive Probation Aftercare	Maryland Aftercare Program	Skillman Intensive Aftercare Project	Michigan Nokomis Challenge Program
IMPLEMENTATION				
Designated procedures to facilitate full implementation	No special procedures or activities.	None indicated.	None indicated.	No special procedures or activities.
Documentation and tracking of implementation process	Research team assessed quality and extent of implementation through selective interviews of staff, clients, and parents.	Researchers studied implementation through client interviews, official records, staff interviews, and tracking forms.	Implementation studied through youth and staff interviews, program records, and official record data.	Evaluator observed program activities, administered questionnaires, and interviewed clients and parents.
Extent of intended implementation achieved	Evaluators determined that program ran smoothly only in later months.	All three phases of aftercare suffered from serious implementation deficiencies, and most objectives of the short-term residential program were not met.	Mixed results.	Mixed results in all program sectors. See program summary for more details.
OUTCOME EVALUATION				
Research design	Experimental.	Nonexperimental with use of a comparison group.	Experimental.	Quasi-experimental with effective matching procedure.
Target population	Male delinquents committed to State youth corrections and exhibiting chronic histories of severe criminality.	Drug-involved juveniles committed to residential facilities with aftercare compared with drug-involved youth committed to facilities without aftercare.	Chronic offenders.	Chronic serious male delinquents committed to State youth corrections.
Sample size	90 cases: 44 in experimental group and 46 in control group.	162 youth entered prerelease aftercare; of these, 54 entered transitional aftercare; of these 36 completed aftercare. Recidivism: 120 in aftercare and 132 in comparison group.	99 cases in Detroit: 50 in experimental group and 49 in control group. 87 cases in Pittsburgh: 46 in experimental group and 41 in control group.	192 cases: 97 in experimental group and 95 in control group.
Significant findings favoring intensive aftercare[1]	Yes.	Generally no, though slightly mixed.	No.	No.

[1]See program summary for details.

portion of reintegrative confinement cannot be accomplished "on the cheap." Employing sufficient staff who are well-trained, closely supervised, professionally qualified, and personally committed is an absolute requirement for effective aftercare. Resolving issues related to family, peers, education, employment, and substance abuse requires knowledgeable individuals who have the requisite competency in these areas and are willing to go "that extra mile" in problem solving. Whether through the mechanisms of partnering with other public agencies or through contracts with private organizations, there can be no doubt that a sustained response in the areas of family, education, employment, and substance abuse must be a fundamental part of the corrections response in juvenile aftercare.

Third, intensive aftercare, in contrast to "standard" aftercare, requires close attention via formal assessment procedures to determine which offenders are in need of a level of intervention that includes both highly intrusive supervision and enhanced treatment-related services. Identifying which segment of the incarcerated juvenile offender population is most likely to recidivate is a key to successful intensive aftercare programming. This approach ensures allocation of limited resources to those juvenile offenders who are most at risk of recidivating and who frequently fail unless highly structured, intensive community-based interventions are deployed when they are released from confinement. Targeting the appropriate group also precludes the possibility of applying these kinds of stringent and highly intrusive techniques to lower risk offenders, who have been shown not to benefit from the imposition of such corrections strategies.

Fourth, it is clear that a reduction in caseload size and an intensification in level of contacts are widely accepted operational principles for intensive aftercare programming. Yet, "more" contact with staff is not necessarily a measure of more productive interaction, since a higher level of contact in itself reveals virtually nothing about what is happening during these important periods of contact. Further, specific guidelines and policies about the nature and purpose of increased contact are critical if these interactions are to have positive, longer term impact. Tied to intensification of supervision is a need to incorporate a graduated response capability, in terms of both administering sanctions and providing incentives during the community phase of these programs. Given the high-risk potential of this identified offender population, it is inevitable that the required increased level of contact will result in the detection of technical violations and program infractions. The availability of graduated incentives to minimize the frequency of violations and graduated consequences to respond proportionately and appropriately to misconduct is critical.

Finally, it would be a misreading of the research discussed above to conclude that it is not possible to craft a workable model of reintegrative confinement, which necessarily includes aftercare as its final phase. Movement toward reintegrative confinement within the youth corrections system is occurring, but much remains to be accomplished. Examples of success—in terms both of implementation and of outcome—can readily be identified. However, false starts also abound, characterized by inadequate and poorly articulated frameworks that seem to lend themselves to uneven implementation. Nationwide support for effective juvenile aftercare programming is growing. Policymakers must seek innovative reforms in the juvenile justice system to promote effective aftercare. ■

Commentary: The Effectiveness of Aftercare Programs—Examining the Evidence

Doris Layton MacKenzie

The first essay in this OJJDP Bulletin, by Altschuler and Armstrong, critically evaluates recent juvenile aftercare initiatives and presents a proposed model for an effective aftercare program. The authors review the aftercare initiatives by asking whether the program had an identifiable philosophy, whether it was implemented in line with this philosophy, and what impact the program had on the participants.

This commentary assesses what is known about juvenile aftercare programs based on a report entitled *Preventing Crime: What Works, What Doesn't, What's Promising* (Sherman et al., 1997). The report added an additional dimension to the examination of new initiatives—namely, whether there is sufficient evidence to conclude that such initiatives are effective in preventing crime. The report weighed both the scientific merit and the outcomes of the research to draw conclusions about the effectiveness of the programs in reducing recidivism. Juvenile aftercare programs must be evaluated on the basis of the scientific evidence. The question addressed in this commentary is whether there is evidence that aftercare programs of the type proposed by Altschuler and Armstrong are effective in reducing the recidivism of juveniles.

Crime Prevention and What Works

The 104th Congress directed the Attorney General to provide a "comprehensive evaluation of the effectiveness" of the money given in grants from the U.S. Department of Justice to State and local communities. In 1997, a research team at the University of Maryland prepared the above-cited report. The research team investigated the effectiveness of crime prevention programs in seven different institutional settings: communities, families, schools, labor markets, places (specific premises), police, and criminal justice. The report, referred to as "The Maryland Report," assessed effectiveness by weighing the strength of the scientific evidence.

While traditional crime prevention efforts are directed toward people who are not yet involved in crime, the broader definition adopted in The Maryland Report includes any setting that reduces crime in the community. By definition, therefore, programs in the courts and corrections that focus on reducing the criminal activities of adult and juvenile offenders were considered crime prevention efforts. The chapter on criminal justice settings examined interventions that focus on six different potential methods for reducing crime in the community:

incapacitation; deterrence; rehabilitation; community control; structure, discipline, or challenge programs; and combinations of rehabilitation and control. The assessment of the model of aftercare proposed by Altschuler and Armstrong that follows draws on the findings of The Maryland Report on the effectiveness of juvenile programs in reducing the recidivism of delinquents.

Judging the Scientific Merit

There is an enormous body of criminal justice literature on crime prevention efforts. However, little of this literature examines the impact of crime prevention strategies. Instead, much of the research describes different types of programs and the manner in which they are implemented. The research that does exist often is of such poor quality that it does not permit one to draw conclusions regarding the effectiveness of the program studied.

The scientific standards for inferring causation have been clearly established and can be used to evaluate the strength of evidence included in each program evaluation. The Maryland Report used a scale of 1 to 5 to summarize the scientific rigor of the studies examined. The scores generally reflect the level of confidence that can be placed in an evaluation's conclusions about cause and effect, with a score of 5 indicating the strongest evidence and a score of 1 considered so low in scientific rigor that the results were excluded from conclusions about a topic. Studies were evaluated by determining their scientific merit and the outcomes. The scientific method scores reflect the strength of the evidence about the effect of the programs on recidivism. The outcomes (direction and size of the effect) were evaluated based on differences between the treatment group, which received the intervention, and the control or comparison group, which did not receive the intervention.

A large body of research on corrections programming for juveniles is in agreement with Altschuler and Armstrong. However, the quality of much of this research is disappointingly poor. Many of the studies only describe the program being evaluated and give recidivism rates for the participants without providing any information on the rates for a comparable group of juveniles who did not participate. Therefore, it is impossible to draw conclusions about the impact of the program. Other research attempts to make comparisons between different groups of participants and nonparticipants. However, the research is so poorly designed (a score of 1 or 2 on the Maryland scale) that it is impossible to rule out alternative explanations for the outcome results.

Corrections Rehabilitation and Treatment

While there is still some debate about the effectiveness of rehabilitation (e.g., Lab and Whitehead, 1988; Whitehead and Lab, 1989), recent literature reviews and meta-analyses provide strong evidence that rehabilitation programs can effectively change offenders.[7] This body of literature can guide the examination of what works in corrections programming for juveniles. In general, reviews of the literature show positive evidence of treatment effectiveness (Andrews et al., 1990). For example, in a series of literature reviews, the proportion of studies reporting positive evidence of treatment effectiveness varied from near 50 percent to 86 percent. In reviewing these studies, Andrews and colleagues conclude, "This pattern of results strongly supports exploration of the idea that some service programs are working with at least some offenders under some circumstances" (1990:372). From this perspective, the important issue is not whether something works, but what works for whom.

Some approaches to treatment are better than others. Psychological researchers emphasize that effective treatment programs must follow some basic principles (Gendreau and Ross, 1979, 1987; Cullen and Gendreau, 1989). Recent meta-analyses found that effective corrections treatment programs follow these basic principles (Lipton and Pearson, 1996; Andrews et al., 1990). It appears that to be effective in reducing recidivism, treatment programs must:

- Be carefully designed to target the specific characteristics and problems of offenders that can be changed in treatment (dynamic characteristics) and that are predictive of future criminal activities (criminogenic characteristics), such as antisocial attitudes and behavior, drug use, and anger responses.
- Be implemented in a way that is appropriate for the participating offenders and that uses therapeutic techniques known to work (for example, the program must be delivered as designed, and treatment must be provided by appropriately educated and experienced staff).
- Require offenders to spend a reasonable length of time in the program considering the changes desired (deliver sufficient dosage).
- Give the most intensive programs to offenders who are at the highest risk for recidivism.
- Use cognitive and behavioral treatment methods based on theoretical models such as behaviorism, social learning, or cognitive behavioral theories of change that emphasize positive reinforcement contingencies for prosocial behavior and are individualized as much as possible.

The question is: How closely do these principles of effective treatment apply to the model of juvenile aftercare proposed by Altschuler and Armstrong? Most notably, none of these principles refer directly to the reintegration focus of their model. The principles of rehabilitation summarized above give little guidance on whether an emphasis on reintegration will be more effective than other types of programs. It has not been shown that recidivism will be reduced by the emphasis on "preparing confined offenders for reentry into the specific communities to which they will return" (p. 2), and by "making the necessary arrangements and linkages with agencies and individuals in the community that relate to known risk and protective factors" (p. 2). On the other hand, the components of the treatment process advocated by Altschuler and Armstrong are supported by the meta-analyses research. As Altschuler and Armstrong argue, programs must be implemented in a manner that is consistent with the design of the program (i.e., have therapeutic integrity) and provide sufficient time in treatment to permit change to occur.

Treatment Programs for Juvenile Delinquents

Juvenile crime is often serious and may represent a significant proportion of the total criminal activity in a community. It is usually assumed that adolescents deserve and require special handling

[7] Andrews and Bonta, 1994; Andrews, Bonta, and Hoge, 1990; Andrews et al., 1990; Palmer, 1975; Gendreau and Ross, 1979, 1987.

because they are in a formative period and criminal behavior at this stage of life will not necessarily be continued into adulthood. Therefore, rehabilitation has particular appeal for use with juveniles. Theoretically, rehabilitation is the focus of corrections programs for juveniles. In practice, however, as occurs with adult programs, juvenile rehabilitation programs may be poorly implemented. Strengthening implementation of existing rehabilitation and delinquency prevention programs could substantially reduce future criminality.

Broad assessments of the effectiveness of delinquency treatments have greatly benefited from the rise of meta-analysis, in which researchers aggregate the continuously growing research literature to examine and compare the effect sizes (magnitude of differences between groups) for comparisons of treatment and control groups. The most extensive meta-analysis examining the effectiveness of juvenile delinquency programs was conducted by Lipsey (1992), who examined 443 different research studies.[8] Lipsey's analysis focused on interventions or treatments designed to reduce, prevent, or treat delinquency or antisocial behavior problems similar to delinquency. In 64.3 percent of the studies he examined, the treatment group did better (in most cases this finding refers to a reduction in recidivism) than the control group. Considering all treatment program studies combined, 45 percent of those who received treatment were expected to recidivate, in comparison with 50 percent of the nontreated control group. In more detailed analyses, Lipsey worked to identify the characteristics that were most important in determining differences between treatment and control groups. The more effective programs were predicted to reduce recidivism substantially (once the methodology effects were controlled for). For instance, as compared with a 50-percent recidivism rate for the control group, only 32 to 38 percent of the juveniles who were given employment and multimodal or behavioral programs were estimated to recidivate.

Overall, the results of Lipsey's meta-analysis indicated that more effective programs:

- Provided larger amounts of meaningful contact (treatment integrity) and were longer in duration (more dosage).
- Were designed by a researcher or had research as an influential component of the treatment setting.
- Offered behavioral, skill-oriented, and multimodal treatment.

There was also evidence that more effective programs targeted higher risk juveniles, but this difference was small and nonsignificant. On the other hand, treatment in public facilities, custodial institutions, and the juvenile justice system was less effective than other alternatives, suggesting that treatment provided in community settings may be more effective. If this effectiveness is the result of increased linkages with agencies and individuals in the community, then Lipsey's work supports the proposed emphasis on reintegration in the Altschuler and Armstrong model. However, it is also possible that other factors may be important. Lipsey himself cautions that the conclusion that treatment in community settings is more effective cannot be separated from the differences in the intensity (number of meetings, length of time in treatment) and needs a more refined breakdown before definite conclusions can be drawn.

The programs that were effective were those that were either provided by the researcher or implemented in treatment settings where the researcher was influential. This may indicate that treatment delivered or administered by the researcher was better implemented than typical programs, supporting Altschuler and Armstrong's point that poor implementation of a sound theoretical model is unlikely to produce a positive outcome.

Examining the Research on Juvenile Programs

Although the literature reviews and the meta-analyses provide strong evidence of the effectiveness of rehabilitation programs, they give little information about the specific characteristics of the effective programs. The Maryland Report reviewed two types of juvenile programs: wilderness/challenge-type programs and community supervision.

The wilderness or Outward Bound-type programs were particularly popular for juveniles during the late 1970's and early 1980's. These programs emphasized physical challenge and required participants to do more than what they believed they could do. Assessment of these programs is relevant to conclusions about the effectiveness of aftercare because most of the programs included some type of aftercare. Outcome evaluations of these programs have been extremely rare (Gendreau and Ross, 1987). The Maryland Report identified four program evaluations that received scores of 2 or higher on the Maryland scale: the Greenwood and Turner (1987) study of VisionQuest; the Deschenes, Greenwood, and Marshall (1996) study of the Nokomis Challenge Program in the Michigan Department of Social Services; the RAND research examining the effectiveness of the Paint Creek Youth Center in southern Ohio (Greenwood and Turner, 1993); and the Castellano and Soderstrom (1992) study of the Spectrum program in Illinois.

Overall, these studies of wilderness and challenge programs produced mixed results. The VisionQuest participants had significantly fewer arrests (39 percent) than the control group (71 percent) (Greenwood and Turner, 1987). The Nokomis participants had significantly more arrests (48 percent) than the control group (23 percent) (Deschenes, Greenwood, and Marshall, 1996). Paint Creek youth had fewer official arrests (51 percent) than control group youth (61 percent), but they self-reported more serious offenses (75 percent) than the control group (62 percent), although neither of the comparisons was statistically significant (Greenwood and Turner, 1993). Spectrum youth did not differ from control group youth in recidivism (Castellano and Soderstrom, 1992).

Although several of the studies were well designed, problems that arose in the research with the small number of subjects, attrition, and study implementation limit the conclusions that can be drawn about the effectiveness of the programs in preventing crime. The studies of VisionQuest and Spectrum were evaluated as 2's on the Maryland scale, making it hard to draw any conclusions from the results. The remaining two programs were evaluated as 3's on the Maryland scale and, thus, of reasonable scientific merit.

[8] This was a more extensive analysis than previous meta-analyses, which had focused on delinquents in residential programs (Garrett, 1985) and treatment of adjudicated delinquents (Gottschalk et al., 1987; Whitehead and Lab, 1989). Although the conclusions from these analyses differed, all yielded a positive mean effect of about the same order of magnitude (one-fourth to one-third of a standard deviation superiority for the treatment group outcome compared with the control group outcome). See also the early discussion of the Andrews et al. (1990) meta-analysis in this Bulletin.

The one program that included both a strong research design and a reduction in recidivism was Paint Creek (although the reduction was not statistically significant). Interestingly, this program followed many of the principles proposed by Andrews and colleagues (1990). High-risk youth were targeted for participation in the intensive program, which used a cognitive/behavioral mode of treatment. However, problems with the research design severely limited the study's potential for detecting differences, even if the Paint Creek program had been effective. The other programs targeted individuals at lower risk for recidivism (Nokomis, Spectrum), were of short duration (Spectrum), were less behavioral in treatment philosophy, or focused on noncriminogenic factors such as physical challenge (Spectrum). Thus, from the perspective of The Maryland Report, studies of the wilderness and challenge programs do not provide evidence that they are effective in reducing future criminal behavior.

These programs attempted to provide reintegration services to the participants. As a result, the mixed aftercare findings were disappointing. For example, Nokomis was designed to focus on relapse prevention. The youth were expected to spend less time in the residential facility but a longer time in community treatment than the comparison youth in the training schools. However, the study of the program implementation revealed that the aftercare phase of Nokomis failed to provide many of the expected treatment programs. The youth received limited substance abuse treatment, and the control group youth had more family counseling than the treatment group.

The Paint Creek Youth Center also sought to provide reintegration services. The center's small size, problem-oriented focus, cognitive/behavioral methods, family group therapy, and intensive community reintegration and aftercare were promising features. However, many of the Paint Creek youth were dismissed from the program and sent to the training school. Thus, it is difficult to draw conclusions about the impact of the reintegration and aftercare provided, because many of the youth did not receive the full Paint Creek program.

Community Supervision and Aftercare for Juveniles

A majority (53 percent) of adjudicated juvenile delinquents are given probation while just 28 percent are placed outside the home. Those knowledgeable about juvenile corrections increasingly argue for aftercare and transitional services for juveniles who are incarcerated. In support of this position, two of the recent meta-analyses (i.e., Andrews et al., 1990; Lipsey, 1992) suggest there will be greater reductions in recidivism if treatment is provided in community settings instead of in institutions. However, when Lipsey and Wilson (1998) studied serious juvenile offenders, they found no difference in recidivism for offenders who received interventions administered in institutions compared with offenders who received interventions in the community. National surveys of intensive supervision and aftercare programs for juveniles completed during the 1980's revealed that few programs had been evaluated (Armstrong, 1988; Krisberg et al., 1989). Additionally, the evaluations that had been completed were severely limited in scientific rigor. An exception to this is the Violent Juvenile Offender Study implemented by OJJDP (Fagan, Forst, and Vivona, 1988). This study found that the group that received the additional aftercare or supervision did not have significantly lower recidivism rates.

Most recent studies of community programs have focused on the increased surveillance and restraint aspects and not on the enhanced services of the programs. It is important to distinguish between increases in control, surveillance, and/or restraints (more contacts with supervising agents, urine tests, electronic monitoring) and rehabilitation, treatment, and services (meetings for counseling, drug treatment, family counseling, employment training). Whereas some of the programs enhance services, most of the research is designed to compare increased surveillance and control, not the services provided. The treatment and surveillance components of programs cannot be untangled, and because the research designs focus on surveillance, the outcomes indicate the effectiveness or, conversely, the ineffectiveness of surveillance and control rather than of rehabilitation. Additionally, when treatment integrity is examined, few differences are found between the experimental program and the control in either the services delivered or the impact on risk factors.

The Maryland Report identified six studies that compared the recidivism of juveniles in intensive supervised probation or parole (ISP) with control groups that received other community options:

- Land, McCall, and Williams (1990) examined the North Carolina Court Counselors' Intensive Protective Supervision Project.
- Weibush (1993) compared the performance of youth on intensive supervision with comparison groups of youth on probation and parole.
- Sontheimer and Goodstein (1993) examined an intensive aftercare program for serious juvenile offenders in Pennsylvania.
- In two studies, Minor and Elrod (1990, 1992) examined the impact of an enhanced treatment program for juveniles on intensive and moderate levels of supervision.
- Greenwood, Deschenes, and Adams (1993) studied the Skillman aftercare program in Michigan and Pennsylvania.

The results of these and other analyses are shown in table 6. In general, the researchers found no significant differences between the youth receiving ISP and the youth in the comparison groups. There was no consistency in the studies regarding which group did better in the community; sometimes the ISP youth had lower recidivism, and sometimes the comparison group did. Only Land and colleagues (1990) and Sontheimer and Goodstein (1993) found any significant differences between the ISP group and others. Land and colleagues found that ISP youth, mostly status offenders with no prior delinquent offenses, committed fewer delinquent offenses than the control group. Sontheimer and Goodstein found that ISP juveniles had significantly fewer rearrests than parolees.

Several studies identified problems with the implementation of the programs. For example, Sontheimer and Goodstein (1993) found that the actual contacts between youth and supervising agents were substantially fewer than the mandated number and that there was a large turnover of staff. This turnover would be expected to create turmoil for youth participants and result in uneven staff training and limited accountability. Combined with an unclear program mission, the turnover led the researchers to question whether the unsatisfactory program results indicated problems in the implementation of the program treatment components, rather than in the program's potential achievement.

Table 6: Studies of Juvenile Community Supervision and Recidivism Showing Scientific Methods Score and Findings

Study	Scientific Methods Score	Findings[1]
Land, McCall, and Williams (1990)	5	ISP youth (mostly status offenders) with no prior delinquent offenses had fewer delinquent offenses (12%) than control group (28%) [S]. ISP youth with prior delinquent offenses had more delinquent offenses (57%) than control group (33%) [NS].
Weibush (1993)	3	ISP youth had more felony complaints (51%) than probationers (38%) but fewer than parolees (57%) [NS]. ISP youth had more adjudications (77%) than probationers (62%) but fewer than parolees (78%) [NS].
Sontheimer and Goodstein (1993)	5	ISP juveniles had fewer rearrests (50%) than parolees (74%) [S].
Minor and Elrod (1990)	2	ISP group had more self-reported criminal and status offenses [NS].
Minor and Elrod (1992)	2	ISP group had fewer status offenses but more criminal offenses (68%) than control group (67%) [NS].
Barton and Butts (1990)	5	ISP juveniles had more charges, but control group had more serious charges [NS].
Greenwood, Deschenes, and Adams (1993)	5	Detroit: Aftercare group (22%) had more arrests than control group (18%) [NS]. Pittsburgh: Aftercare group had fewer arrests (49%) compared with control group (48%) [NS].
Gottfredson and Barton (1993)	4	Institutionalized juveniles had fewer arrests than noninstitutionalized juveniles [S].

[1]NS, not significant; S, significant.

Similarly, Greenwood and colleagues' (1993) examination of what the Skillman programs provided for the youth indicated that in comparison with the control group, the aftercare group did not participate more in education or work activities, had little family support, and did not associate less with delinquent peers. Thus, despite the fact that the program was designed to promote changes in these risk factors, there was little evidence of such change. As was found in the previous meta-analyses of rehabilitation, it appears that the program did not have the required treatment integrity to bring about the changes in the risk (criminogenic) factors associated with criminal behavior.

The studies listed above compared ISP programs in specific communities with other community alternatives. The Maryland Report examined two studies designed to compare the recidivism of those who spent time in community supervision with others who had spent time in training schools: the Barton and Butts (1990) study comparing treatment in an inhome ISP program with commitment to traditional training schools and the Gottfredson and Barton (1993) study comparing commitment to a training facility with management in the community.

A comparison of those who spend time in a facility with those who are managed in the community is important because the youth who remain in their own community would be assumed to have increased contact with agencies

and individuals in that community. One of the arguments Altschuler and Armstrong make for aftercare is the importance of reintegrating the juveniles into their community: "making arrangements and linkages with agencies and individuals in the community that relate to known risk and protective factors," and "ensuring the delivery of required services and supervision" (p. 2). The Barton and Butts and Gottfredson and Barton studies provide important insight into whether youth who remain in the community actually receive the desired benefits.

Barton and Butts (1990) found that although ISP groups had more charges, the mean seriousness of the control group's charges was greater; however, the differences were not significant. Gottfredson and Barton (1993) found that the recidivism rates of juveniles who had spent time in the training facility were significantly lower than those of the comparison group. The comparison group was not intensively supervised, and there is little information about what services they may have received in the community. Gottfredson and Barton (1993) conclude that youth in the institution most likely received more services and treatment than those in the community.

Summary

The Maryland Report's review of the juvenile wilderness and challenge programs concluded that these programs were not effective in reducing the recidivism of juveniles. Although some of these programs did attempt to enhance the aftercare and reintegration phases, as Altschuler and Armstrong noted, the actual implementations of these phases may have been flawed.

Most of the studies comparing youth in ISP with youth in the community reveal no significant difference between the experimental group and the control group. In part, this finding reflects the small number of subjects in each study; there is little basis for detecting any differences between the groups. Only two of the studies (Land, McCall, and Williams, 1990; Sontheimer and Goodstein, 1993) found lower recidivism rates for the experimental groups. The Land and colleagues study findings were not entirely positive because it was also found that youth in the experimental group with prior delinquent offenses committed more delinquent offenses than the control group. The ISP groups in these two studies received more services than the comparison groups; thus, the important aspect may be the amount of rehabilitation and services, rather than the surveillance, received by the juveniles. This interpretation supports Altschuler and Armstrong's assertion that it is important to include appropriate treatment during the aftercare phase. However, it is impossible, at this point, to untangle the effects of treatment, surveillance, and reintegration services, because the control groups in these two studies received less of all of these components than the experimental groups.

The Gottfredson and Barton (1993) study showing that juveniles who spent time in an institution had lower recidivism than those released to the community suggests that the quality and amount of treatment the juveniles receive may be the important factor in reducing recidivism. That is, it is not whether this treatment is delivered in an institution or in the community, but how much and what type of treatment the juveniles get, no matter where they are located. Again, the research design does not permit formation of conclusions about the effectiveness of aftercare.

Taken as a whole, there is sufficient evidence from the studies cited above to conclude that some combination of treatment methods, with or without surveillance in the community, is effective in reducing the recidivism of juveniles. Whether this treatment must be provided in the community is unclear. Similarly, it is unclear whether the increased surveillance of the juveniles in the community adds anything to the impact of treatment and rehabilitation.

The original question posed for this commentary was: Is there evidence that the type of aftercare proposed by Altschuler and Armstrong will be effective in reducing the recidivism of juveniles? Given the limited amount of quality research, it is difficult to answer the question. Certainly, there is sufficient evidence to conclude that effective programs must include rehabilitation and services to address the needs of individual juveniles. The research does not permit conclusions about where this treatment ought to be delivered. It is also impossible to draw any conclusions about the effectiveness of many of the programs, because they were not implemented as they were designed. This difficulty is clear both in this review examining the scientific merit of the research and in Altschuler and Armstrong's review of the programs. Problems with the implementation of programs must be overcome if juvenile justice professionals are to design effective programs and study them. The strong random assignment study that is currently in progress to examine the sites where Altschuler and Armstrong's aftercare model has been implemented is encouraging. This study should provide information about whether such multifaceted approaches to aftercare and reintegration are effective. The next step will be to untangle the effects of different program components to identify the particular components that are most successful in reducing recidivism. ■

References

Altschuler, D.M. 1984. Community reintegration in juvenile offender programming. In *Violent Juvenile Offenders: An Anthology*, edited by R. Mathias, P. DeMuro, and R. Allinson. San Francisco, CA: National Council on Crime and Delinquency, pp. 365–376.

Altschuler, D.M. 1998. Intermediate sanctions and community treatment for serious and violent juvenile offenders. In *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*, edited by R. Loeber and D. Farrington. Thousand Oaks, CA: Sage Publications, Inc.

Altschuler, D.M., and Armstrong, T.L. 1991. Intensive aftercare for the high-risk juvenile parolee: Issues and approaches in reintegration and community supervision. In *Intensive Interventions With High-Risk Youths: Promising Approaches in Juvenile Probation and Parole*, edited by T.L. Armstrong. Monsey, NY: Criminal Justice Press, pp. 45–84.

Altschuler, D.M., and Armstrong, T.L. 1994a. *Intensive Aftercare for High-Risk Juveniles: An Assessment*. Report. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Altschuler, D.M., and Armstrong, T.L. 1994b. *Intensive Aftercare for High-Risk Juveniles: A Community Care Model*. Summary. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Altschuler, D.M., and Armstrong, T.L. 1994c. *Intensive Aftercare for High-Risk Juveniles: Policies and Procedures.* Summary. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Altschuler, D.M., and Armstrong, T.L. 1995a. Aftercare in the juvenile justice system: New trends and programs. *Perspectives* 19(3):24–35.

Altschuler, D.M., and Armstrong, T.L. 1995b. Managing aftercare services for delinquents. In *Managing Delinquency Programs That Work,* edited by B. Glick and A.P. Goldstein. Laurel, MD: American Correctional Association, pp. 137–170.

Altschuler, D.M., and Armstrong, T.L. 1996. Aftercare not afterthought: Testing the IAP model. *Juvenile Justice* 3(1):15–22.

Altschuler, D.M., and Armstrong, T.L. 1997. Reintegrating high-risk juvenile offenders from secure correctional facilities into the community: Report on a four-state demonstration. *Corrections Management Quarterly* 1(4):75–83.

Andrews, D.A. 1987. Implications of classification for treatment of juveniles. Paper presented at American Probation and Parole Association Meeting in Salt Lake City, Utah.

Andrews, D.A., and Bonta, J. 1994. *The Psychology of Criminal Conduct.* Cincinnati, OH: Anderson Publishing Company.

Andrews, D.A., Bonta, J., and Hoge, I. 1990. Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior* 17(1):19–52.

Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., Gendreau, P., and Cullen, F.T. 1990. Does correctional treatment work? A clinically-relevant and psychologically-informed meta-analysis. *Criminology* 28(3):369–404.

Armstrong, T. 1988. National survey of juvenile intensive probation supervision: Juvenile intensive probation supervision, Parts 1 and 2. *Criminal Justice Abstracts* 20(2,3):342–348, 497–523.

Baird, S.C. 1983. *Report on Intensive Supervision Programs in Probation and Parole.* Washington, DC: National Institute of Corrections.

Baird, S.C., Storrs, G.M., and Connelly, H. 1984. *Classification of Juveniles in Corrections: A Model Systems Approach.* Washington, DC: Arthur D. Little, Inc.

Barton, W.H., and Butts, J.A. 1990. Viable options: Intensive supervision programs for juvenile delinquents. *Crime and Delinquency* 36(2):238–256.

Byrne, J.M., and Pattavina, A. 1992. The effectiveness issue: Assessing what works in the adult community corrections system. In *Smart Sentencing: The Emergence of Intermediate Sanctions,* edited by J.M. Byrne, A.J. Lurigio, and J. Petersilia. Thousand Oaks, CA: Sage Publications, Inc., pp. 281–303.

Castellano, T.C., and Soderstrom, I.R. 1992. Therapeutic wilderness programs and juvenile recidivism: A program evaluation. *Journal of Offender Rehabilitation* 17(3/4):19–46.

Catalano, R.F., Wells, E.A., Hawkins, J.D., and Jenson, J.M. 1988. Transition and aftercare services for adjudicated youth. In *A Guide to Developing Substance Abuse Treatment Programs for Adjudicated Youth,* edited by L. Mixdorf, M. Goff, and P. Paugh. Laurel, MD: American Correctional Association, pp. 163–189.

Coates, R.B., Miller, A.D., and Ohlin, L.E. 1978. *Diversity in a Youth Correctional System: Handling Delinquents in Massachusetts.* Cambridge, MA: Ballinger Publishing Company.

Cullen, F.T., and Gendreau, P. 1989. The effectiveness of correctional rehabilitation: Reconsidering the "Nothing Works" debate. In *The American Prison: Issues in Research and Policy,* edited by L. Goodstein and D. MacKenzie. New York, NY: Plenum Press.

Deschenes, E.P., Greenwood, P.W., and Marshall, G. 1996. *The Nokomis Challenge Program Evaluation.* Santa Monica, CA: The RAND Corporation.

Elliott, D.S., Huizinga, D., and Ageton, S.S. 1985. *Explaining Delinquency and Drug Use.* Boulder, CO: Behavioral Research Institute.

Elliott, D.S., and Voss, H. 1974. *Delinquency and Dropout.* Lexington, MA: D.C. Heath and Co.

Erwin, B.S., and Bennett, L. 1987. *New Dimensions in Probation: Georgia's Experience With Intensive Probation Supervision.* Research in Brief. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Fagan, J.A. 1990. Treatment and reintegration of violent juvenile offenders: Experimental results. *Justice Quarterly* 7(2):233–263.

Fagan, J., Forst, M., and Vivona, T. 1988. *Treatment and Reintegration of Violent Juvenile Offenders: Experimental Results.* San Francisco, CA: URSA Institute.

Fagan, J.A., and Jones, S.J. 1984. Community reintegration in juvenile offender programming. In *Violent Juvenile Offenders: An Anthology,* edited by R. Mathias, P. DeMuro, and R. Allinson. San Francisco, CA: National Council on Crime and Delinquency, pp. 365–376.

Garrett, C.J. 1985. Effects of residential treatment of adjudicated delinquents: A meta-analysis. *Journal of Research in Crime and Delinquency* 22(2):287–308.

Gendreau, P. 1996. The principles of effective intervention with offenders. In *Choosing Correctional Options That Work,* edited by A. Harland. Thousand Oaks, CA: Sage Publications, Inc., pp. 117–130.

Gendreau, P., and Ross, R.R. 1979. Effective correctional treatment: Bibliotherapy for cynics. *Crime and Delinquency* 25(4):463–489.

Gendreau, P., and Ross, R.R. 1987. Revivification of rehabilitation: Evidence from the 1980's. *Justice Quarterly* 4(3): 349–407.

Goodstein, L., and Sontheimer, H. 1997. The implementation of an intensive aftercare program for serious juvenile offenders. *Criminal Justice and Behavior* 24(3):332–359.

Gottfredson, D.C., and Barton, W.H. 1993. Deinstitutionalization of juvenile offenders. *Criminology* 31(4):591–611.

Gottschalk, R., Davidson, W.S., Gensheimer, L.K., and Mayer, J. 1987. Community-based interventions. In *Handbook of Juvenile Delinquency,* edited by H.C. Quay. New York, NY: Wiley.

Greenwood, P.W., Deschenes, E.P., and Adams, J. 1993. *Chronic Juvenile Offenders: Final Results From the Skillman Aftercare Experiment.* Santa Monica, CA: The RAND Corporation.

Greenwood, P.W., and Turner, S. 1987. *The VisionQuest Program: An Evaluation.* Santa Monica, CA: The RAND Corporation.

Greenwood, P.W., and Turner, S. 1993. Evaluation of the Paint Creek Center: A residential program for serious delinquents. *Criminology* 31(2):263–279.

Krisberg, B., Rodriguez, O., Baake, A., Neuenfeldt, D., and Steele, P. 1989. *Demonstration of Post-Adjudication Non-Residential Intensive Supervision Programs: Assessment*

Report. San Francisco, CA: National Council on Crime and Delinquency.

Lab, S.P., and Whitehead, J.T. 1988. An analysis of juvenile correctional treatment. *Crime and Delinquency* 34(1):60–83.

Land, K.C., McCall, P.L., and Williams, J.R. 1990. Something that works in juvenile justice: An evaluation of the North Carolina court counselors' intensive protective supervision randomized experimental project, 1987–1989. *Evaluation Review* 14(6):574–606.

Leiter, V. 1993. *Special Analysis of Data from the OJJDP Conditions of Confinement Study.* Boston, MA: Abt Associates.

Lipsey, M. 1992. Juvenile delinquency treatment: A meta-analytic inquiry into the variability of effects. In *Meta-Analysis for Explanation: A Casebook*, edited by T.D. Cook, H. Cooper, D.S. Cordray, H. Hartmann, L.V. Hedges, R.J. Light, T.A. Louis, and F. Mosteller. New York, NY: Russell Sage Foundation.

Lipsey, M., and Wilson, D. 1998. Effective intervention for serious juvenile offenders: A synthesis of research. In *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*, edited by R. Loeber and D.P. Farrington. Thousand Oaks, CA: Sage Publications, Inc.

Lipton, D., and Pearson, F.S. 1996. The CDATE Project: Reviewing research on the effectiveness of treatment programs for adult and juvenile offenders. Paper presented at the Annual Meeting of the American Society of Criminology, Chicago, IL.

MacKenzie, D.L. 1997. Criminal justice and crime prevention. In *Preventing Crime: What Works, What Doesn't, What's Promising*, edited by L.W. Sherman, D. Gottfredson, D. MacKenzie, J. Eck, P. Reuter, and S. Bushway. Report to the U.S. Congress. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

MacKenzie, D.L., and Souryal, C. 1994. *Multisite Evaluation of Shock Incarceration.* Executive Summary. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Markley, G., and Eisenberg, M. 1986. *The Texas Board of Pardons and Parole Case Management System.* Austin, TX: Texas Board of Pardons and Paroles.

Minor, K.I., and Elrod, H.P. 1990. The effects of a multi-faceted intervention on the offense activities of juvenile probationers. *Journal of Offender Counseling, Service and Rehabilitation* 15(2):87–108.

Minor, K.I., and Elrod, H.P. 1992. Second wave evaluation of a multi-faceted intervention for juvenile court probationers. *International Journal of Offender Therapy and Comparative Criminology* 36(3):247–262.

Palmer, T. 1975. Martinson revisited. *Journal of Research in Crime and Delinquency* 12(2):133–152.

Petersilia, J., and Turner, S. 1991. Evaluation of intensive probation in California. *Journal of Criminal Law and Criminology* 82(3):610–658.

Petersilia, J., and Turner, S. 1993. *Evaluating Intensive Supervision Probation/Parole: Results of a Nationwide Experiment.* Research in Brief. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Sealock, M.D., Gottfredson, D.C., and Gallagher, C.A. 1995. Addressing drug use and recidivism in delinquent youth: An examination of residential and aftercare treatment programs. Paper presented at the Annual Meeting of the American Society of Criminology, Boston, MA.

Sealock, M.D., Gottfredson, D.C., and Gallagher, C.A. 1997. Drug treatment for juvenile offenders: Some good and bad news. *The Journal of Research in Crime and Delinquency* 34(2):210–236.

Sherman, L.W., Gottfredson, D., MacKenzie, D.L., Eck, J., Reuter, P., and Bushway, S. 1997. *Preventing Crime: What Works, What Doesn't, What's Promising.* Report to the U.S. Congress. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Sickmund, M. 1997. *Offenders in Juvenile Court, 1995.* Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Sickmund, M. 1997. *Percent Change in the Public Custody Facility Population, 1983–1995.* Adapted from Sickmund, M., Snyder H., and Poe-Yamagata, E. *Juvenile Offenders and Victims: 1997 Update on Violence.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Sickmund, M., and Snyder, H.N. 1995. *Juvenile Offenders and Victims: A National Report.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Sickmund, M., Snyder, H.N., and Poe-Yamagata, E. 1997. *Juvenile Offenders and Victims: 1997 Update on Violence.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Sontheimer, H., and Goodstein, L. 1993. Evaluation of juvenile intensive aftercare probation: Aftercare versus system response effects. *Justice Quarterly* 10(2):197–227.

Turner, S., and Petersilia, J. 1992. Focusing on high-risk parolees: An experiment to reduce commitments to the Texas Department of Corrections. *The Journal of Research in Crime and Delinquency* 29(1):34–61.

U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. 1996. *Children in Custody Census of Public and Private Juvenile Detention and Correctional, and Shelter Facilities, 1994/95* [machine-readable data files]. Washington, DC: U.S. Department of Commerce, Bureau of the Census [producer].

Van Voorhis, P. 1987. Correctional effectiveness: The high cost of ignoring success. *Federal Probation* 51(1):56–60.

Weibush, R.G. 1993. Juvenile intensive supervision: The impact on felony offenders diverted from institutional placement. *Crime and Delinquency* 39(1):68–89.

Weibush, R.G., McNulty, E., and Le, T. 1998. *The Intensive Aftercare Program (IAP) Demonstration Project: Interim Implementation Assessment.* San Francisco, CA: National Council on Crime and Delinquency.

Weis, J.G., and Hawkins, J.D. 1981. Reports of the national juvenile justice assessment centers: Preventing delinquency. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute for Juvenile Justice and Delinquency Prevention.

Whitehead, J.T., and Lab, S.P. 1989. A meta-analysis of juvenile correctional treatment. *Journal of Research in Crime and Delinquency* 26(3):276–295.

Whittaker, J.K. 1979. *Caring for Troubled Children: Residential Treatment in a Community-Based Context.* San Francisco, CA: Jossey-Bass, Inc.

For Further Information

In addition to this Bulletin, the following publications related to reintegration, supervised release, and intensive aftercare are available from the Juvenile Justice Clearinghouse (JJC):

Intensive Aftercare for High-Risk Juveniles: An Assessment. NCJ 144018.

Intensive Aftercare for High-Risk Juveniles: Policies and Procedures. NCJ 147712.

Intensive Aftercare for High-Risk Juveniles: A Community Care Model. NCJ 147575.

Reintegrating Juvenile Offenders Into the Community: OJJDP's Intensive Community-Based Aftercare Demonstration Program. FS 234.

To order the publications listed above, contact JJC and request the appropriate NCJ or FS numbers.

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For online access to JJC's library, search the NCJRS Abstracts Database at www.ncjrs.org/database.htm. Directions for obtaining documents from the library are available at www.ncjrs.org/cgi/help.html.

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